

Start Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	des	7-28-95
TYPIST	530	8-6-95
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
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SYMBOLS  
 ✓ Rejected  
 - Allowed  
 (Through numeral) Cancelled  
 \* Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
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